

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2280**

Fields marked with \* are required

**Name of Initiator:** Pamela Sedillo    **Email:** [psedill1@unm.edu](mailto:psedill1@unm.edu)    **Phone Number:** 505 272-1917    **Date:** 10-02-2018

Associated Forms exist? Yes  Initiator's Title **COPH Student Success Manager**  
Faculty Contact **Kristine Tollestrup**    Administrative Contact **Pamela Sedillo**  
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**Branch**    Admin Phone **505-272-1917**

**Proposed effective term**

Semester   Year

**Course Information**

Select Appropriate Program    
Name of New or Existing Program **MPH Public Health concentration: Epidemiology (HSC)**  
Select Category   Degree Type **MPH**  
Select Action

Exact Title and Requirements as they should appear in the catalog. If there is a change, upload current and proposed requirements.

See current catalog for format within the respective college (upload a doc/pdf file)

[Form C Epidemiology Concentration 10.18.docx](#)

**Does this change affect other departmental program/branch campuses? If yes, indicate below.**

Reason(s) for Request (enter text below or upload a doc/pdf file)

**This is an associated form with the MPH requirements.**

Upload a document that includes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications.(upload a doc/pdf file)

[PH Epi Biostats Implications.docx](#)

**Are you proposing a new undergraduate degree or new undergraduate certificate? If yes, upload the following documents.**

Upload a two-page Executive Summary authorized by Associate Provost. (upload a doc/pdf file)

Upload memo from Associate Provost authorizing go-ahead to full proposal. (upload a doc/pdf file)